

Rec'd PGTPTO 02 JUN 2005

10/537196

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Attorney Docket No.		DURE-037.	
	First Named Inventor		POUTIATINE, et al.	
	Application Number		To Be Assigned	
	Filing Date		Herewith	
	Group Art Unit		Unknown	
	Examiner Name		Unknown	

I hereby appoint:

☒ Practitioners at Customer Number 31498
OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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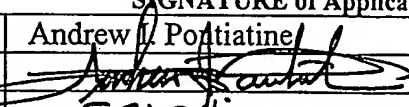
☐ Practitioners at Customer Number _____ →
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<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City			
Country		State	
Zip			
Telephone		Fax	

I am the:

☒ Applicant/Inventor
☐ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
Statement under 37 C.F.R. 3.73(b) is enclosed. (FormPTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Andrew J. Poutiatine
Signature	
Date	6-21-04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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	Application Number	To Be Assigned
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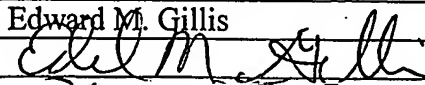
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City					
Country		State		Zip	
Telephone		Fax			

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
Statement under 37 C.F.R. 3.73(b) is enclosed. (FormPTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Edward M. Gillis
Signature	
Date	31 May 05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

Rec'd PET/PTO 02 JUN 2005

10/537196

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Attorney Docket No.	DURE-037
	First Named Inventor	Poudiatine, et al.
	Application Number	To Be Assigned
	Filing Date	Herewith
	Group Art Unit	Unknown
	Examiner Name	Unknown

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☐ Firm or Individual Name

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Address

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State

Zip

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Fax

I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Riten Parikh
Signature	<i>Riten Parikh</i>
Date	MAY 2, 2005 JUNE 2, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 4 forms are submitted.

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PTO/SB/8 (2-5-03)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	POUTLATINE, et al.
Title	CATHETER LOOP MANAGER
Art Unit	UNKNOWN
Examiner Name	Unknown
Attorney Docket Number	DURE-037

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Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James A. Filice
Signature	<i>James A. Filice</i>
Date	May 31 2005
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/537196

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Attorney Docket No.	DURE-037
		First Named Inventor	Poutiatine, et al.
		Application Number	To Be Assigned
		Filing Date	Herewith
		Group Art Unit	Unknown
		Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATHETER LOOP MANAGER

The specification of which

☐ is attached hereto

or

☒ was filed on 04 Dec 2003 as United States Application Number or PCT International Application Number PCT/US03/38548 and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application (s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
PCT/US03/38548	WO	12/04/2003		N
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/0213 attached hereto:				

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

DECLARATION- Utility or Design Patent Application

Direct all correspondence to: ☒ Customer number 31498 OR ☐ Correspondence address below.
Or barcode label

Name:

Address:

City:

State:

Zip

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ a petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Andrew L

Family Name

Or Surname

Poutiatine

Inventor's

Signature

Date

5.2.05

Redwood City

CA

US

US

Residence: City

State

Country

Citizenship

516 Buena Vista Ave.

28 SIR FRANCIS DRAKE BLVD

Mailing Address

Redwood City

CA

94061

US

SAN ANSELMO

State

94960

Zip

Country

City

NAME OF SECOND INVENTOR:

☐ a petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Edward M.

Family Name

Or Surname

Gillis

Inventor's

Signature

Date

San Jose

CA

US

CA

Residence: City

State

Country

Citizenship

1348 Touraine Dr.

Mailing Address

San Jose

CA

95118

US

City

State

Zip

Country

San Jose

City

State

Zip

Country

City

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached hereto.

DECLARATION- Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer number 31498 OR <input type="checkbox"/> Correspondence address below.			
Name:			
Address:			
City:	State:	Zip	
Country:	Telephone:	Fax:	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Andrew I.		Family Name Or Surname Poutiatine	
Inventor's Signature		Date	
Redwood City	CA	US	US
Residence: City	State	Country	Citizenship
516 Buena Vista Ave.			
Mailing Address			
Redwood City	CA	94061	US
City	State	Zip	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Edward M.		Family Name Or Surname Gillis	
Inventor's Signature <i>Ed M Gillis</i>		Date 31 May 05	
San Jose	CA	US	CA
Residence: City	State	Country	Citizenship
1548 Touraine Dr.			
Mailing Address			
San Jose	CA	95118	US
City	State	Zip	Country
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached hereto.			

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet - Page 3 of 3	
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Riten</u>		Family Name Or Surname <u>Parikh</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>JUNE 2, 2005</u>	
<u>San Jose</u>	<u>CA</u>	<u>US</u>	<u>US</u>
Residence: City	State	Country	Citizenship
Mailing Address <u>949 Brentwood Dr.</u>			
Mailing Address			
<u>San Jose</u>	<u>CA</u>	<u>95129</u>	<u>US</u>
City	State	Zip	Country
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>James A</u>		Family Name Or Surname <u>Filice</u>	
Inventor's Signature <u>[Signature]</u>		Date <u>31 MAY 05</u>	
<u>Los Gatos</u>	<u>CA</u>	<u>US</u>	<u>US</u>
Residence: City	State	Country	Citizenship
Mailing Address <u>1555 Elwood Dr.</u>			
Mailing Address			
<u>Los Gatos</u>	<u>CA</u>	<u>95032</u>	<u>US</u>
City	State	Zip	Country
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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